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"The agitation of thought is the beginning of Truth."

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S. R. KIRBY, M. D. AND R. A. SNOW, M. D., EDITORS.

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AMERICAN JOURNAL OF HOMŒOPATHY.

NEW YORK, SATURDAY, MARCH 18, 1848

ON THE CERTAINTY OF MEDICINE.

Continued from page 235.

Any one who will take the trouble to read different writers on medicine, cannot but be convinced how fully Hahnemann is sustained in the doctrine he advocated. To oppose that, is really an opposition to the acknowledged ablest men, of the medical profession. It is a matter of deep regret, that so few, in this day, read medicine profoundly. Those writers, who knew how to observe and reason, seem to be neglected; while those of absurd theories and foolish speculations, are seized upon with avidity, for no purpose that we perceive, other than to gratify a poetical fancy, which almost completely disqualifies the Physician for the practice of his art.—Hence it is, that the very frequent failures to cure diseases, have given rise to several maxims, which have indirectly caused much mischief to the human family. They are such as

these: "Medicine is uncertain." "None have so little faith in medicine as Physicians." "The art of medicine is guess work."—"There is no certainty in medicine." Physicians do more harm than good." All these have no true foundation. They are false—utterly false; and to show that we have reason for our opinion in this respect, we quote again, from the Essay of *Cabanis* "On the Certainty of Medicine." He says:

"I would here inquire what is meant by the nature and proximate causes of disease?—We are acquainted with their nature, so far as this latter can be manifested to us by facts. We know for example, that fever produces various changes, or rather by these changes, it is made known to us, and ascertained to exist. When a man coughs, expectorates blood, breathes with difficulty, complains of pain in the side, and has, in addition to these symptoms, a harder and quicker pulse, and a warmer skin than in the natural state, we conclude that he labors under the *pleurisy*.—But should you ask what is a *pleurisy*—you will be told that it is a disease in which all, or several of these circumstances are combined. If one or more of these be wanting, it is not *pleurisy*, at least not the true and essential *pleurisy* of the schools. It is therefore the concurrence of these many accidents which constitutes the disease. The word *pleurisy* only exhibits them in a more abridged form. The word is not a distinct being by itself; it expresses an abstract idea, and recalls by a single character all the images of a large picture.

When, therefore, not contented with knowing a disease by what it presents to our senses by that which alone constitutes it, and without which it could not exist, you inquire what is its real nature, what is its essence—you do little more than if you asked what is the real nature or essence of a word, or a simple ab-

straction. It is far then, from being correct to maintain with an air of triumph, that physicians are ignorant even of the nature of fever, and that they continually act under circumstances, and employ, agents, with the nature of which they are not acquainted.

With regard to the proximate causes of diseases, which in like manner are said to be unknown to physicians, the question appears to me not more difficult to be simplified than the preceding. By this word is it intended to express the causes which render man, in a particular case, susceptible of experiencing peculiar changes in the functions of life? I answer that these are altogether unknown to us, because they are of the same nature with those, through the agency of which we live. But is the word made use of in order to express only facts which are connected with the disease, make part of the history, and can afford some indications for its treatment? I answer that these causes are within the domain of observation: they may be seen or touched, they may be learned by faithful histories, and as they constantly give rise to certain phenomena, in the animal economy, (since, were they not productive of any, they would merit no attention) it is in these phenomena themselves we must endeavor to discover them. It is in their own effects that we must endeavor to seek them.

But to what extent should we carry the investigation of causes, comprising under that generic term, those which the ancients called *hidden*, as well as those they distinguished by the name of evident causes. The answer is easy and may be viewed as a natural consequence of the preceding observations, the knowledge of which is required for the purpose of completing the history of the disease, or which necessitate some modifications in the treatment, are recognised, either of themselves, or by the effects they produce—they all enter within the sphere of observations. It would undoubtedly be dangerous to remain ignorant of them; and they can at all times be discovered. In respect, however, to the other causes, the utmost indifference is required, and we should never depart from that fundamental axiom, which teaches that the farther they are placed beyond the reach of our researches, the less necessary it is to understand them.

Diseases are very various, and susceptible of infinite complication. Age, sex, climate,

the character of the reigning epidemic—all these, together with other circumstances, in some measure not appreciable to the senses, may at different times cause them to undergo many modifications—give to their phenomena a new aspect—compel them to assume a different order of succession—and finally tend to other critical terminations. Semeiotica, or the science of appreciating the different states of the animal economy, by their characteristic signs, is, without doubt, the most difficult as well as important branch of medicine.—We are continually obliged to admit exceptions to those rules which were thought adequate to our guidance. We discover nothing fixed and invariable in their application, or in the plans they should furnish us for our conduct. With the exception, therefore, of some principles, which in consequence of their very general nature, are little calculated to direct us in the detail of every particular circumstance, it seems as if the theoretical knowledge of a physician was reduced to nothing at the bed-side of the sick, and that his practical skill resides entirely in a sort of instinctive acuteness, improved by habit and experience. It is confessedly by identifying himself with a patient, and partaking as it were of his sufferings, through the medium of a sudden play of a feeling imagination, that a physician is enabled to discover the disease at a single glance, and to seize at once all its various and characteristic features. He thus himself participates to a certain extent in the influence of all these impressions, and this instinct causes him to feel, rather than foresee, the utility of certain remedies with the effects of which, he is already acquainted. This mode of investigation would undoubtedly seem to promise little certainty in its results. It is widely different from that employed by the geometrician, and at first sight would appear to be in direct opposition to that of the strict logician, who proceeds step by step from proposition to proposition. Now, if in the mathematical sciences, the slightest deviation from the accurate construction and employment of rules, leads us inevitably to the most incorrect results, shall we ever be enabled to avoid errors in an art, the success of which depend exclusively on the acuteness of our organs, and in which the most happy views are less the effects of reasoning than of inspiration? This, confessedly, would appear difficult, though not impossible; or at least such is my candid opinion.

I am far from regarding it as absolutely impossible to form some just idea of the many modifications of which diseases are susceptible; distinguish the causes to which they may be referred, and ascertain the best method of describing them. For by what have we been led to suspect or be assured of their existence? By what method have we traced them to their origin? Or in other words, in what manner have we discovered that they arose from such or such circumstances? Is it not to observation that we are indebted for these first important steps? May not observation then complete what it has commenced? Why should we not be enabled, with its help, to arrange systematically all these different series of facts, which are already regarded as distinct from each other, merely because they have been, at least sometimes, really discriminated.

We suppose diseases to differ from each other in their causes, because we find them to vary in their phenomena. Were these phenomena in all cases the same; were all diseases cured by the same crisis, or by means of the same remedies, who would ever have imagined that by many and various circumstances, they could be influenced or modified? We cannot suspect the operation of causes when we discover no effects; or rather, these latter have no existence, the former cannot be supposed to occur.

Observation, however, makes us perceive the existence of differences among the various diseases; it discovers these differences like all the various phenomena in nature, obeying certain laws, and shows us that the changes occasioned in all living beings, by diseases, are in constant relation with certain anterior or present facts. We may therefore determine these degrees of relation, or the combination of effects, with what are denominated causes—this it teaches us; since, whenever we observe a fact, we can find that another has preceded. By means of observation, then we are enabled to ascertain whether the one depends on, follows, or merely accompanies the other. And, on the contrary, when we discover the cause, we easily foresee the effect which will follow. With the aid of observation, therefore, we shall be enabled to appreciate the degree of influence exercised by all the varied circumstances, in reality possessing some; to reduce this knowledge to fixed principles—to render it more exact and methodical, and finally, by the frequent examina-

tion and application of it, make it more familiar to the mind.

Let us examine, unbiassed by prejudice, the labors of the true interpreters of nature—of those men who have plainly described and arranged facts, and who, without ever forcing or disguising their true sense, have reduced them to a more abridged form, and we shall discover, that guided by observation, it is not only possible to possess the knowledge we have above alluded to, but that it has already been acquired by many. Inquire into the spirit in which they have observed, assimilated, discriminated, and classed diseases, either according to the phenomena they present, or the causes by which they are modified—examine, for example, in relation to epidemics, the researches and general views of Hippocrates, Ballonious, Sydenham, Ramazzini, Dehaen, Stork, Stoll, &c. &c. But why need I mention so many authors, the writings themselves, of Hippocrates, enable us to pronounce on this point. Examine his admirable views on the diseases of ages, sexes, climates, and seasons—compare them with nature, such as she manifests herself daily to an attentive observer—let a physician do this, and I do not hesitate to affirm, that the medical art has so much the less to rear from the result of such an examination, as it will be more deliberate, judicious, and severe without partiality.

Man finds himself thrown, as if by chance, amid the scenes of this world. Objects are continually passing before his eyes, and it is only by their differences of analogies that they strike his senses—by comparing them with each other, and with himself, he becomes acquainted with them, and by comparing himself with them, he finally learns to appreciate himself. Were he to see those objects in an isolated state, and not discover any degree of relation to exist between him and them, and vice versa, he would undoubtedly remain unacquainted with them. Were he never to perceive any surrounding object, and thereby be unable to compare himself with it, he would forever remain ignorant of himself, or rather he would not exist, since no external impression would remind him of his own existence. It has consequently been the will of nature, that the source of our knowledge should be the same with that of life itself. It is of absolute necessity to receive impressions from external agents, in order to live, or to learn; and since the necessity

of studying those objects remains at all times in direct ratio to the force of their action upon us, it naturally follows that the means we possess for acquiring knowledge, are always proportioned to our wants. This principle, which in general must be regarded as true, is more especially so, when applied to those objects entering within the domain of medicine—though particularly to that forming the subject of the present examination. Thus, the various modifications of which diseases are susceptible, are important to be learned, merely because they derange the order of their phenomena; but this renders them remarkable, and their description becomes so much the more distinct, as it is more essential to avoid confounding them."

To be Continued.

INJURIOUS EFFECTS OF CHLOROFORM.

Since our last issue, numerous cases of the destructive tendency and effects of chloroform have been reported. It would seem that the Allopathic School of Medicine is determined on a full exposure of its want of that exact knowledge of well established principles of vitality, which heretofore it has received credit for possessing. The following case occurred in this city, and it is [the] one we alluded to in the last number of this Journal.

DANGERS OF CHLOROFORM.—An inquest was held yesterday, at 50 Cherry-st., on the body of Patrick Murphy, a native of Ireland, aged 28 years, who came to his death under the following circumstances:

Catherine Murphy testified that she was the wife of the deceased, and had been married nearly four months; he complained of a sore called a fistula; he came to this city to be operated upon; the operation was performed by Dr. Parker.

John Howard testified that he had been acquainted with the deceased for 14 years; he came to the house about four weeks since for the purpose of being operated upon by Dr. Parker; previous to the operation, some medicine was put upon a cloth for the deceased to breathe, so that he might experience no pain; after the operation was performed, the deceased said he had felt no pain; he however appeared very weak, although able to walk home; yesterday Doctors Beers and Rotten came to perform another operation; witness was not at home when the operation was performed, and on returning home found Murphy dead; previous to the last operation, Murphy said that he could not bear it without taking

the drops (meaning chloroform); witness advised him not to take them.

George W. Beers testified that he was present when Dr. Parker performed the first operation; on which occasion some chloroform was administered to the deceased, and he soon came under its influence, when the operation was performed. No sign of sensibility was manifested by the deceased, and after the operation was over he soon rallied from the effects of the chloroform. In the course of a few days it was deemed necessary to perform another operation. The deceased expressed his willingness to have it done, at the same time desired that chloroform should be given him again, as he did not think he could otherwise bear the operation. It was accordingly administered to him again and the operation repeated. He retained some consciousness, as he placed his hand upon the part that had been operated upon just after the pulse had ceased to beat. Stimulating applications were immediately resorted to, but without success, and it was soon apparent that life was extinct; the quantity of chloroform administered, did not exceed 30 drops; it was placed upon a sponge and then covered with a pocket handkerchief, and placed upon the mouth and nose of the deceased.

Dr. James R. Wood testified that he made a *post mortem* examination of the deceased; the heart was found enlarged, the lungs much diseased, having upon them several abscesses and tubercles; the lungs were also considerably congested, that where abscesses exist on the lungs, any excitement may cause death; could not say that the inhalation of the chloroform hastened the death of the deceased, but great caution should be used in the administration of chloroform, where disease of the lungs, heart or brain exists.

The jury, after a protracted consultation, found a verdict "that Patrick Murphy came to his death by disease of the lungs. The Jury are unable to say whether the inhalation of chloroform in this case or the excitement of the operation was the immediate cause of his death."—*N. Y. Tribune*.

A few days after the publication of the above case the following communication appeared in the *Tribune*, which we insert as an appropriate comment on the testimony, &c:

To the Editors of the Tribune:

With your leave I should be pleased to submit to your readers some plain practical remarks on the inquest in the case of Murphy, who died after a trifling operation, preparatory to which Chloroform was used. It is pretended by some of the witnesses, that there is uncertainty as to the cause of this man's death; that he had disease of the lungs, &c. &c.; and finally the jury find he died of this disease. Now, do any of the readers of the *Tribune* imagine that this man had any disease that was at all likely thus to destroy his life? That when death results from the

disease of the lungs, which this man is said to have had, it occurs at all in the way or with the symptoms noted here? If so, they are egregiously deceived. No medical man, having any character to lose will assert it.—So far as the disease of the lungs were concerned, this man would have lived months, probably and possibly years. He died by chloroform, and by it only, and when a physician says there is any doubt of this, he means and can, as a sane man, only mean, that Medicine not being an exact science, a possibility of doubt always attaches to medical conclusions. Rely on it, no medical man will swear that he has any reasonable doubt that this man died by Chloroform. This should be distinctly stated and widely known. The temptations to use this agent are great—the facility, the apparent simplicity and the frequent impunity, all plead strongly for it; under these circumstances, no attempt to smother up facts should be made, when those facts, as in the present case, present clear proof that this agent may destroy life. This is no solitary case. Other lives have been lost, lives of those who, but the hour before, had as strong a hold on existence as any among us; and this should be widely known. Publish it, then, to the world that Chloroform will in almost all cases destroy the sensibility to pain, but that this immunity to suffering is bought at the hazard of life. It has destroyed life, and of course may do it again.

Wednesday morning. A PHYSICIAN.

We also present from several sources, testimony against the use of that dangerous preparation.

Miss Nagel, sister-in-law of Mr. Kohlsaet, of Broadway, was put under the influence of this anæsthetic agent, by a dentist, for the purpose of extracting a tooth; she lay lifeless for several hours, and was carried home in a state of insensibility. She has been since its application—Friday last—laboring under prostration and paralysis of the tongue, throat, the muscles of the throat, and loss of voice.

We saw a tooth extracted, a few days since by Dr. M. Snedker, while the patient was under the influence of chloroform. No manifestations of pain were exhibited. A young man was persuaded to inhale the article at one of our hotels a few evenings ago. He thrust his closed hand violently at the teeth of the proprietor, who, prevented their abstraction by suddenly throwing himself flat upon his back. The teeth were only loosened, but had the landlord's head been held stationary, the teeth would have passed directly down his throat. He began to demolish the chairs, and other articles, but was soon secured, and held, till he became cool and tranquil.—*Hempstead L. I. Inquirer.*

We mentioned the sudden death of a lady in Cincinnati while under the influence of Chloroform, administered by a dentist of that

city. The following particulars of the case are given in the Cincinnati Atlas:

DEATH OF MRS. SIMMONS.—We learned more fully and accurately yesterday, the facts connected with the sudden death of this lady on Wednesday while under the influence of Chloroform. Several days ago she consulted the family physician, Dr. Mulford, in reference to using Chloroform in having her teeth extracted; and he advised her that he thought there was no danger in it.

On the 22d she came to consult Drs. Merdith and Sexton, dentists, about extracting her teeth, and about using chloroform for that purpose. The next day she came in the afternoon to have her teeth drawn. At the office she met by accident her sister-in-law Mrs. Cross, and another lady, an acquaintance. They remained during the operation. The Doctor asked her whether she wished to use the chloroform, and she replied she did, for she could not endure the pain of having the teeth extracted without.

Twenty-five drops were put in the inhaler, administered, and took immediate effect. Dr. Sexton commenced removing the teeth, which were mere stumps, and not difficult of extraction. As he attempted to draw the fourth one, she put up her hand and seized his arm. He requested her to put her arm down, saying that the remaining ones would hurt but little, and she removed her hand. He judged that she had partially passed from the influence of the chloroform and knew what was going on. He applied the instrument again, and drew the tooth. Just as it came out she drew back her head, made a convulsive motion with her hands, slid forward on the seat of the chair, and expired. The time from her first inhaling the chloroform to this sad result, did not, the dentist says, exceed one minute and a half.

Her feet were immediately bathed, frictions applied, and Dr. Baker called in. Artificial inflation of the lungs was used, and by the assistance of Prof. Loke, who was immediately called in by Dr. Baker, electricity was applied. A short time after, Drs. Mussey and Dawson were also called. All efforts to resuscitate her were in vain. Her husband arrived while these efforts were being made, and her family physician, Dr. Mulford, was also present during part of the time.

A *post mortem* examination is intended, but as yet deferred in a faint hope that life may not be entirely gone. Yesterday forenoon, 14 or 15 hours after the time of her (supposed) death, she was yet warm; but whether that resulted from remaining life, or from the fact that in hope of a resuscitation she had been kept in a warm bed in a warm room, is not determined. If she is really dead, the examination will probably take place to-day.

The Cincinnati papers since received, state that all hope of resuscitating Mrs. Simmons having been abandoned, a *post mortem* examination was made. The system of the decess-

ed was found in a healthy state, and showed no indications of any disease that could have caused her death.

The Physicians who made an examination of the body of the lady who died in Cincinnati recently, while under the influence of chloroform, have published a card in which they state the following facts:

"1st. Mrs. Simmons, as shown by the condition of the various organs of the body, was in good health when the chloroform was administered. It is true she had labored under a slight catarrh a few days previous to her death; but we are of opinion that the very slight diseased action which existed was in no way instrumental in causing the fatal result.

"2d. We have no hesitation in expressing the opinion that death was caused by the action of chloroform.

"3d. Death resulted from a rapid and complete exhaustion of the nervous system."—*Cincinnati Chronicle*.

The same paper, speaking of chloroform, justly remarks, which we hope will have an influence to restrain those in the profession and also those out of it, who seem to be afflicted with a sort of mania, for inhaling the poison.

"What would be thought of the Medical Faculty, if they recommended a fit of drunkenness to their patients, in order to relieve pain?

Besides all this, what is meant by this "suspension of sensibility?" The sensibility of the human system is one of the wise arrangements of Providence. It is the alarmist which denotes the presence of Disease, and forewarns the patient of danger. It is the Guardian Angel, which watches over life.—Why should we drive that sentinel from his post? Paralysis takes all feeling from the affected limb. Does any one want paralysis in order to get rid of pain? And yet this is precisely what they bring on themselves, by taking Letheon or Chloroform. They bring on paralysis, from which they generally recover; but if they go one step too far, it becomes a fatal apoplexy from which they do not awake.

This is not all. Who can tell that each mixture of the mineral gases shall be precisely of the strength with those of which we have had previous experience? How shall we know, with these uncertain agents, that the cure of one man, may not be the death of the next? Prudent people will be cautious, and be slow to make their bodies the mere Crucibles of Chemistry.

* What is "exhaustion of the nervous system?" Death from a want of breath, would be as scientific as that.

OBSTACLES TO THE PROGRESS OF HOMŒOPATHY.

Continued from Page 213.

If then, the inquirer after a right system of medical practice, must judge of Homœopathy by its works, and must find its works in the track of the true Homœopathic practitioner, how can he know the true one from the pretender? and, knowing him, how can he discriminate between his works, and the works of the imagination, of good nursing, or of the restorative powers of nature?

To know the true Homœopathist, is perhaps the most difficult part of the search. A good thing, is most likely to be well counterfeited. Yet, even this knowledge may be obtained with considerable accuracy, by industry and careful attention, by noting well what means are used, and how they are applied, in the treatment of the sick, attenuated doses are easily distinguishable from crude drugs: and, to any one who knows Hahnemann's great law of cure, it is not difficult to detect habitual and gross violations of it; nay, even occasional and slight deviations, could scarcely pass unnoticed. That law never sanctions the administration of opium to cure sleeplessness and disturbed nerves; or of emetics to clear the throat; or of the hundreds of palliatives, so freely used, by many who would pass themselves off, as disciples of the great master.

Many cures performed under Homœopathic treatment, no doubt are not easily separated, so as to give to the doctor, the nurse, the imagination and nature, each its due credit; but innumerable others there are, about which no such questions can arise. If, a violent, long continued, and threatening cough, disappears in a few days after the patient has taken two or three attenuated doses, is there not good reason to think there was some efficiency in the prescription? If, that loathsome scourge, the Small Pox, is, by it, made less painful, less tedious, and greatly less dangerous, than any other practice dare pretend to make it; is it not proof, that even in other than chronic diseases, it has the advantage? If protracted summer complaint, in children not old enough to walk, is checked by it, and health and strength restored, not once only, but many times; and with the same nursing, that had shown itself to be alone totally helpless in arresting this disorder, so trying to parental affection, and so sure in the destruction of its victim, is it not convincing evidence that the

imagination is not the curative power? If that frightful disease, the Croup, which of itself so speedily and certainly runs to a fatal termination, is promptly arrested by it; it is not certain, that it is far better, than to allow Nature to go on unassisted.

If, various, and the most dangerous fevers, yield to it, and, more than that, leave the sufferers free from the baleful effects of drugs, must it not beget a confidence, on the part of those who witness it, which nature, imagination, and skillful nursing, all combined, could never inspire?

All this Homœopathy has done within the observation of one individual, during a period of but a few years, and is now doing likewise on every hand. And yet, many there are, who reject this mass of evidence, and call themselves skeptical, and not easily duped!

Truly, they are of all men most credulous! They can believe that the sick are cured by means the most inadequate—they can account for their recovery with the most preposterous reasons, rather than admit that a law of nature, unknown heretofore, was discovered and promulgated by Hahnemann, and is acted upon by his disciples.

Let none form an opinion without a good foundation; not a foundation of fashion, or authority, or great names, but of *personal knowledge*, and satisfactory proof.

Then truth will triumph, and Homœopathy cease to meet obstacles in its progress.

LAYMAN.

REVIEW OF A REVIEW OF HAHNEMANN'S CHRONIC DISEASES.

By B. F. BOWERS, M. D., OF NEW YORK.

[Continued from Page 198.]

The following facts collected from reliable sources show the superior efficacy of Homœopathic treatment.

At Tischenowitz in Moravia, there were 680 patients treated for Cholera in 1831—2.

	Patients cur.	died.
Treated Allopathically,	331	229 102
do Homœopathically	278	257 27
Treated with Camphor without a physician,	71	60 11

At Wieshney Wolethschok in Russia, 251 cases of Cholera give the following results:

	Patients cur.	died.
Treated Allopathically,	93	24 69
Treated Homœopathically,	109	86 23
Left to nature, or their own caprice,	49	16 33
Another practitioner in the same town treated in the ordinary way,	106	36 70
At Raab in Hungary were treated Homœopathically,	154	148 6
Treated Allopathically in the Hospital,	285	154 122
And 8 were removed.		
In private houses,	1217	699 518
Results of the treatment of Cholera patients in Vienna.		

	Patients cur.	died.
Treated Allopathically,	4500	3140 1360
Treated Homœopathically,	581	532 49
Giving as the per centage of deaths under Allopathic treatment, 31; under Homœopathic 8.		

Results of the treatment of Cholera patients in the Hospital at Bordeaux.

	Patients cur.	died.
Treated Allopathically,	104	32 72
Treated Homœopathically,	31	25 6

Allopathic per centage of deaths 69. Homœopathic do. 19.

Summary of Cholera patients above reported.

Treated Allopathically—patients, 6635—cured, 4314—died, 2313—removal, 8.

Treated Homœopathically,—patients 1153—cured, 1042—died, 111.

Average mortality under Allopathic treatment over 34 per cent, or more than 1 in 3.

Under Homœopathic treatment about 9 per cent or 1 in 11.

In the Homœopathic Hospital at Vienna there were patients of all ages treated for Inflammation of the lungs.

	Patients cur.	died.
	299	280 19

About 6 per cent. or 1 in 16.

In the Hotel Dieu of Paris, in patients between the ages of twenty and forty, when the average success is the greatest, Chomel had a mortality of 1 in eight, or double that of Fleischman's at all ages. In Chomel's practice, in patients from forty to sixty, the deaths were 1 in 5, and above sixty, 1 in 2.

Barthez and Rilliet give 116 cases between the ages of 16 and 30, and Leroux, 182 cases between the ages of 13 and 30. The mortality

ty was more than 1 in 12 or one fourth greater than that of the Homœopathic practice.

Louis, Trousseau, Grisolle, Laennec, Bouillaud, all eminent French practitioners treated 531 cases of inflamed lungs, and 81 died or 1 in 6 and two-thirds.

Fleischman and Reiss treated 379 cases, and 19 died, or 1 in 20. The last forty-four cases of Fleischman and the thirty-four of Reiss, 78 cases, all recovered. Dr. Ruatz at Dessau, Medical Counsellor, &c., has made an examination of the results of medical treatment, for a series of years, in all the principal Allopathic institutions of the different countries of Europe and compared them with the results obtained in the Homœopathic institutions. "The simple, unadorned facts placed side by side, show that, on an average:

Under Allopathic treatment, of 100 there died, 9—10.

Under Homœopathic treatment, of 100 there died, 4—5.

Mean duration of the disease, 28—29 days under Allopathy, and 20—21 days, under Homœopathy.

The statistics of some of the charitable institutions in this city for the benefit of destitute and orphan children, also show the great superiority of Homœopathic treatment.

Thus the "Orphan Asylum Society" reports as follows:

Date.	No. Report.	No Children.	No. Deaths.
1844	36	172	3
1845	39	154	3
1846	40	131	2
1847	41	129	3
1848		128	1
		714	12

Ratio of deaths, 1 in 59.

"The Leake and Watt's Orphan House" opened in 1843, gives the following results.

Date.	No. Report.	No Children.	No. Deaths.
1844		58	0
1845		62	2
1846		97	2
1847		143	3
		360	7

One in 51 3-7.

"Association for the Benefit of Colored Children."

Date.	No. Report.	No. Children.	No. Deaths.
1837	1	29	0
1838	2	64	9
1839	3	73	6
1840	4	60	1
1841	5	64	2

1842	6	68	9
1843	7	82	3
1844	8	124	3
1845	9	167	2
1846	10	186	7
1847	11	190	24
		1107	66

One in 16 51-66.

Whole No. of children admitted since the opening of the Asylum, 342. Died 66, or 1 in 5 12-66.

Statistics of St. Patrick's Roman Catholic Asylum, Prince St., New York.

Date.	No. Children.	Deaths.	Ratio of deaths.
1843	220	2	
1844	234	3	
1845	256	4	
1846	269	5	
1847	275	6	
	1254	20	1 in 62 14-20.

Statistics of the Roman Catholic Half Orphan Asylum, 11th Street, cor. 7th Avenue, New York.

Date.	No. Children.	Deaths.	Ratio of deaths.
1842	96	1	
1843	126	1	
1844	119	5	
1845	129	0	
1846	123	7	
1847	125	5	
	718	19	1 in 37 15 19

All these Asylums are exclusively under Allopathic treatment.

The Protestant Half Orphan Asylum, Sixth Avenue has been established about 12 years.—During the first seven years the children were under Allopathic treatment; for the next five years they were under the care of Dr. Clark Wright, a skilful homœopathist, and were treated exclusively homœopathically. The following table will show with what results.

Date.	Rep.	No. Child'n.	No. Deaths.	Ratio of deaths under Allopathic treatment.
1836	1	74	1	
1837	2	114	7	
1838	3	120	2	
1839	4	120	1	
1840	5	115	3	
1841	6	153	6	
1842	7	162	2	
		858	22	1 in 39

1843	8	184	2	Ratio of deaths under Homœo- pathic treat- ment.
1844	9	168	2	
1845	10	175	0	
1846	11	160	1	
1847	12	177	1	
		864	6	1 in 144

Favorable as this report is to Homœopathy, it does not show the whole truth. For a period of 2 years and 7 months there was no death in the Asylum, and the last 2 deaths occurred in children admitted, contrary to the rules, sick with incurable diseases. Taking out these two cases there were only 4 deaths in 5 years, and for the last 3 years none. During this period the Hooping Cough and Measles, each went through the Asylum twice and the Scarlet Fever once; besides the usual attacks of the various dangerous diseases common in such institutions.

Summary of the Statistics of the Orphan Asylum.

	Period	Children	Deaths	Ra. dths.
St. Patrick's Asylum	5	1254	20	1 in 62
Catholic Half Orphan	6	718	19	1 in 37
Orphan Asylum	5	714	12	1 in 59
Leake & Watt's House	4	360	7	1 in 51
For Colored Children	11	1107	66	1 in 16
Protestant Half Orphan	7	858	22	1 in 39
		5,011	146	1 in 34

Do. Homœopathic treatment 5 864 6 1 in 144

Giving an average annual mortality of 1 in 34 in all the Asylums under Allopathic treatment, while the Protestant Half Orphan Asylum, for the last five years exclusively under Homœopathic treatment gives only 1 in 144.

If the results of Allopathic practice in all these Asylums had been as favorable as the Homœopathic practice has been in the only one where Homœopathy is tolerated, instead of 146 deaths there would have been less than 36, and the lives of 110 children would have been saved. I would respectfully invite public attention to the facts here stated. One of our Asylums shows a rate of mortality very much less than all others; and it is worth while for those who take any interest in the preservation of human life, to investigate the cause of this striking difference. There is every reason to believe that the results of private practice, are equally favorable to Homœopathy.

With this state of facts, I submit it to the good sense of the profession, whether honorable

high-minded men would not consult their own dignity and the interests of medical science, pursuing a course entirely different from the one so frequently adopted. Decisions, *ex cathedra*, of practical questions, by men who have no practical knowledge of the questions decided, have very little weight with an intelligent public, especially when opposed to the experience of men competent to decide such questions.

The public want reasons, facts on which to form a correct opinion. Intelligent laymen demand this and will be satisfied with nothing less. They say very truly, if there is nothing to oppose to Homœopathy but denunciations, we can denounce it as roundly as the most learned doctors. But if these are reasonable objections to the system, if facts are opposed to it, give us the facts, and state the objections fairly; we have had enough of denunciation.

Physicians of the old school feel and confess that they have lost the confidence of the public. That confidence they can never regain, so long as they wrap themselves up in learned ignorance, and oppose by misrepresentation and abuse the most beneficent reform in medical practice which has ever been vouchsafed to man.

(Continued from p. 241.)

CHARACTERISTICS AND PHYSIOGRAPHY OF THE GENUS CROUP AND ITS SPECIES.

From the *N. Archiv.*, Vol. II. 2, with Modifications and Additions.)

II.

PHYSIOGRAPHY OF THE GENUS CROUP AND ITS SPECIES.

Nitri Acidum.

Extremely violent coryza, with great hoarseness, and cough with stitches in the throat at every impulse, (after twelve days. S. H.)

Shooting pains in the region of the larynx. S. H.

Shooting in the throat (larynx?) on speaking for a long time. S. H.

Sharp scratching sensation in the windpipe, (after nine days. S. H.)

Roughness in the throat like a file, not felt on swallowing, but on breathing, with oppression of chest and coryza. S. H.

Hoarseness, after some hours and two days. S. H.

Hoarseness, so that he could not speak. S. H.

Tickling cough, with soreness in the throat. S. H.

Cough as from a constrictive sensation in the throat, especially at night and during sleep. S. H.

In the evening especially, dry barking cough. S. H.

Before midnight, rough dry cough. S. H.

At night especially, cough which gives not five minutes' rest, and shakes the whole body, whereby the respiration often ceased as in whooping cough; at the same time stitches through the chest, pain in the throat and fever. S. H.

Much more cough at night than by day; he can only get to sleep towards morning; by day much more cough while reclining or slumbering. S. H.

Breathlessness, palpitation of the heart, and anxiety, whilst going up stairs. S. H.

Sudden loss of breath and palpitation of the heart when walking gently. S. H.

Shortness of breath, the first hour. S. H.

Oppression of the breathing in the morning, so bad that she could scarcely respire, after thirty days. S. H.

Oppression of the chest, so that she cannot breathe, after twenty two days. S. H.

Oppression on the chest, short, anxious, difficult respiration. S. H.

Whooping respiration. S. H.

Whilst breathing, wheezing and rattling in the chest. S. H.

Jarh's Codex,—Barking cough, especially at night.

Phosphorus.

Roughness in the larynx and trachea, with frequent coughing and hawking. Ng.

Roughness in the throat for four days in damp weather. Mbn.

Hoarseness in the morning. S. H.

Hoarseness, the larynx feels as if lined with something, he cannot speak a word aloud. S. H.

Violent catarrh with hoarseness. S. H.

Hoarseness thick voice for several days. S. H.

Cough, chiefly whilst drinking (cold or warm). S. H.

Hollow, generally dry cough, with pressure in the scrobiculus cordis, preventing sleep all night.

Hollow cough, chiefly in bed in the morning, and also at night; when she wished to sleep, it kept her from doing so.

A sort of whooping cough, with smothering in the chest, and some expectoration of mucus, (after eight days. S. H.)

Whilst coughing, sensation in the throat, as if a piece of flesh would be coughed up. Nn.

Breathing very short after each cough. Ng.

Difficulty of breathing at night in bed. S.

R.

Respiration loud and rattling. S. H.

Chest much oppressed, breath very short. S. H.

Dyspnoea and vertigo. S. H.

Clinical Observations.—Dr. Marenzeller treats croup with *Phosphorus* alone *Allg. Hom. Zig.*, Vol. I, p. 147. Dr. Liedbeck of Upsala, cured his son of a croupy cough with *Phosphorus*. Dr. Gross relates a case of croup the cure of which he attributes to *Phosphorus*, but as he gave it alternately with *Hepar* and *Spongia*, this case cannot be admitted as evidence in favour of the action of *Phosphorus* in croup. *Archiv.* Vol. XV, 1. p. 100.

Sambucus.

Slumber with eyes half open; on awaking he could not get his breath; he was forced to sit up, and then the breathing became very quick, with whistling in the chest as if he would be suffocated, he struck about him with his hands; the head and hands were blue and swollen; he was hot without thirst; when the attack came he wept; all this without cough, and especially at night from twelve till four. S. H.

Hoarseness occasioned by much tough viscid mucus in the windpipe. Franz.

Clinical observations.—A child (boy) of five months had a coryza which went off suddenly and on the following night it was affected with a very rough, hollow, croup-like cough; agitated sleep. The following morning frequent fits of hollow, deep cough; whistling respiration; constant crying; burning head; crying or coughing, as if the throat were painful. He got *Samb.* (30.) and the following day was quite well. (Tietze. *Annal* 1, p. 215.)—A boy of four years of age, robust and plethoric, had croup; there were present copor, snoring, and whistling, with open mouth and head bent back; the child starts up, strikes about it, is like to be suffocated, becomes brown and blue in the face, then came cough with rattling breath; suffocation and paralysis of the lungs seemed inevitable. *Acon.*, *Spong.*, *Hep.* then a blister. *Cupr. Sulph.* as an emetic had

been administered in vain, and it was now the twentieth day of the disease. Two doses of *Sambuc.* saved the child's life. (Fielitz, *Allg. Hom. Zeitg.*, IX, p. 64.)

Sanguinaria Canadensis.

Loss of voice with swelling of the throat.

A dry cough which wakens him and will not cease until he sits up in bed, and then there is a discharge of wind above and below.

Hering's Proving.—*Constant violent cough without expectoration, with pain in the chest and circumscribed redness of cheeks.

*Croup.

Clinical Observations.—Recommended in all stages of croup by Hoadly. *Med. Repository of Orig. Essays*. New York, February 1824, Dr. Ives gave it with effect in the first stage of croup. Rafinesque says that many trust entirely to it in croup. Hering, in *N. Archiv*, I, 2. "Very efficacious in croup," says Dr. Bute *Archiv*, XVII, 3.

Sulphur.

Roughness in the throat. S. H.

Very rough throat; after sixteen days. S. H.

Drawing and dryness in the larynx occasionally.

Hoarseness and complete loss of; after twenty-four hours.

Hoarseness in the morning. Fr. H.

Hard lumps of mucus, like starch, are expectorated by hawking. Ng.

The larynx appears swollen. S. H.

A painful blow in the larynx whilst coughing.

Creeping in the larynx: speaking excites cough.

He feels inclined to cough but cannot; all becomes black before his eyes. S. H.

Cough, each time from roughness in the larynx. S. H.

Dry cough, with hoarseness, dryness in the throat, and coryza of clear water. Ng.

Cough, with rattling in the trachea, and hoarseness.

Attacks of breathlessness, sometimes whilst moving and walking, sometimes whilst sitting or lying; he is forced to take a forcible deep inspiration, whereupon the tightness of chest goes off. S. H.

Frequent stoppage of the breath causing suffocation during the day. S. H.

Frequent stoppage of the breath whilst asleep, she must be awoke in order to prevent suffocation. S. H.

Attack of suffocation at night whilst asleep but without pain. S. H.

She had scarcely fallen asleep, at night, when her breath went away; she was like to suffocate, started up with a loud cry, and could not regain her breath; towards morning, violent palpitation, followed by clammy sweat. S. H.

Clinical Observation.—Recommended in slight cases of croup, after Aconite, by Goulon. *Archiv*, XIX, 2, 7.

Tartarus emeticus.

At the commencement of each fit of coughing she gasps anxiously for breath, before she has the power to cough. S. H.

At three in the morning her breath was stopped and taken away; she had to sit up in order to get air; she was relieved by coughing and expectorating. S. H.

At night in bed he is like to be choked; there is great constriction; he cannot get breath; he must sit up all night. S. H.

Unusual oppression of the chest; the fourth day. Rekt.

After eating the child coughs and vomits its food and mucus. S. H.

When the child is angry it coughs. †

Violent tickling in the middle of the trachea excites a short cough. Sf.

Clinical Remarks.—Dr. Griesselich treated several cases of croup with *Tartar emetic*, in large doses, so as to produce vomiting, and generally along with other Allopathic remedies. The success of this practice speaks more for the efficacy of emetics than for the specificity of *Tartar emetic* in croup. *Hygea*, II.

Jahr's Codex.—° Larynx painful to the touch.

° Croup after, or alternately with, *Hepar*, where much mucus remains after the dangerous symptoms are past.

° Hoarseness.

* Catarrh, with much mucus rattling in the air passages.

* Cough, with vomiting food.

* Cough, with suffocative loss of breath, like tussis suffocativa.

Pathological Anatomy.—Larynx covered in the centre with large deep pustules. Trachea similarly affected. *Noack & Trinks, A.M.L.*

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